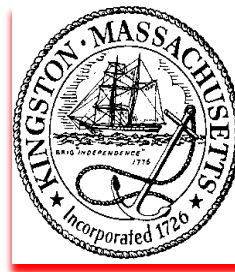


Town of Kingston Council on Aging
Town of Kingston *Emergency Preparedness*
INFOMATIONAL SURVEY FOR DISASTER RELIEF ASSISTANCE IN CASE
OF EVACUATION



If you or other senior or disabled members of your household will need assistance **in the event of an emergency situation** please fill out the form below. This information will be used to assist us in preparing to meet your needs should evacuation from your home be necessary

NAME: _____ DATE OF BIRTH: _____

HOME: _____ CELL: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Telephone Day: _____ Telephone Eve: _____

Assistance Needed

____ Deaf or Hearing-impaired TTY Telephone number: _____

____ Blind or Sight Impaired ____ Seeing eye dog

____ Use a walker ____ Confined to bed

____ Transportation (in case of evacuation from home)

____ Use Wheelchair _____ Manual *or* Battery powered _____

____ Need assistance getting on van or bus _____ Cognitive Impairment

____ Require electric powered devices _____ Oxygen _____ Other (specify)

____ Number of pets (if applicable) Weight of Pet _____

____ OK to **share this information with authorized personnel in the case of an emergency /disaster**

MEDICAL CONDITION(S) OR CONCERNS: _____

RETURN COMPLETED FORM TO:

**Kingston Council on Aging, Outreach Department,
30 Evergreen Street, Kingston, MA 02364**

If you need assistance with completing this form, please contact KCOA at 781-585-0511